

RENTAL ASSISTANCE APPLICATION









Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date of Birth: _____ Social Security Number: _____ Amount of rent: \$ _____ /per

Arrears for the following months: _____

Is the Ethnicity of this Household Hispanic or Latino? YES NO | Is the head of household a female? YES NO

Please select the race of the Household

Black White American Indian/Alaskan Native
 Asian Native Hawaiian/Other Pacific Islander

Have you received any assistance in the last twelve (12) months? If so, please list the type of assistance received, source of the assistance, the amount received, and when the assistance was provided.

Household Information

Total people in household _____ **How many under 18?** _____ **How many over 18?** _____

Name	Relationship to you	Date of Birth	Social Security #
Applicant	Self		

HOUSEHOLD INCOME INFORMATION

RENTAL ASSISTANCE APPLICATION

Please list **all** sources of income and who in your household received that income.

Household Member	Income Source	\$ Amount	Weekly or Monthly

Total **monthly** household income \$ _____
 Total **annual** household income \$ _____

HOUSEHOLD COMPOSITION

List the head of the household and all other members who live in the home. Give the relationship of each family member to the head of household. Please list the full name, ages, gross annual income and the source of income for all members of your household (related or not), including the applicant(s).

Household Members' Full Name	Relationship	Age	Gross Annual Income	Source of Income

Total number of persons in Household _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

My signature will allow agents or representatives from either the City of Mobile and/or U. S. Department of Treasury the authority to request and review my household financial records (IRS statements, Social Security Statements, Financial Income Documentation, etc.) to ensure that to which I have certified above to be true and correct upon their request. By signing below, I release the City and Subrecipients to share information as needed to ensure no duplication of benefits and to coordinate services.

WARNING: As provided in 18 U.S.C. 1001, whoever knowingly and willfully (1) falsifies, conceals, or covers up by any trick, schemes or device a material fact, (2) makes any material false, fictitious or fraudulent statement or representation or (3) makes or uses any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry in an application for federal assistance is subject to a fine and imprisonment for not more than five (5) years.

Signature: _____ Date: _____

RENTAL ASSISTANCE APPLICATION



City of Mobile Income Certification Form – 2022 ARP Rental Relief Program

Please complete this form to determine eligibility for assistance.

Applicant's Name _____ Address _____

Number of Disabled Persons in the Household: _____

Is the Ethnicity of this household Hispanic or Latino? _____ Yes _____ No

- _____ White
- _____ Black/African-American
- _____ Asian
- _____ American Indian/Alaskan Native
- _____ Native Hawaiian/Other Pacific Islander

Please mark an "X" within the correct box below that most clearly corresponds to your total household income for all sources for the past 12 months based on the number of persons in your household. (Example: a four (4) person household with a total income of \$27,000 would be group 4-B)

2022-2023 Income Limits

Family Size	1	2	3	4	5	6	7	8
30% AMI A	\$ 13,750	\$ 15,700	\$ 17,650	\$ 19,600	\$ 21,200	\$ 22,750	\$ 24,350	\$ 25,900
50% AMI B	\$ 22,900	\$ 26,150	\$ 29,400	\$ 32,650	\$ 35,300	\$ 37,900	\$ 40,500	\$ 43,100

Signature of Applicant _____ Date _____

My signature on this income certification form will allow agents or representatives from either the City of Mobile and/or U.S. Department of Treasury the authority to request and review my household financial records (IRS Statements, Social Security Statements, Financial Income Documentation, etc.) to ensure that to which I have certified above to be true and correct upon their request.

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Please return this application to **one** of the following agencies:

<p>Housing First, Inc.</p>  <p>279 N. Washington Ave. Bldg. 3 Mobile, AL 36603 (251)450-3345 https://hfal.org/</p>	<p>Legal Services Alabama</p>  <p>107 St. Francis Street Suite 2100 Mobile, AL 36602 (251)433-6560 https://legalservicesalabama.org/</p>	<p>Mobile Community Action, Inc.</p>  <p>461 Donald St. B, Mobile, AL 36617 (251) 457-5700 www.mcamobile.org</p>
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ARP PROGRAM: Landlord Agreement with the City of Mobile

This is to verify that _____ (Program Participant) is/are tenant(s) residing at: (address of unit): _____

The tenant(s) have signed a legally binding lease/rental agreement with _____ (landlord/owner), effective ___/___/____ (date of lease).

Instructions for landlord/property owner: Please use this form to consent the receipt of Federal Rental Assistance through the U.S. Department of Treasury’s American Rescue Plan Act as provided by the City of Mobile on behalf of the tenant named above. Provide the requested information below to consent to the terms and conditions of this agreement and receive payment from the program administrator agency you have been contacted by.

Name of Entity that Owns the Rental Property: _____

Name of Landlord/Management Company (If different from above):

Address of Landlord/Management Company: _____

The following documents are required prior to issuance of payment:

- Proof of Ownership (Examples: county tax record, recorded deed, mortgage, etc.)
- Lease Agreement
- Rent Ledger showing total balance due (*attached*)
- Completed Tenant Application(s)
- Completed IRS W-9 Form

If applicable:

- City of Mobile Residential Rental Business License
- Landlord/Agent Management Agreement

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City of Mobile American Rescue Plan Rental Assistance Program

Program Participant/Resident: _____

Property Name: _____

Property Address: _____

Item	Month(s) Of	Amount	Totals (\$)
Prior Partial Balance			
Past Due Rent	January	\$	\$
	February	\$	\$
	March	\$	\$
	April	\$	\$
	May	\$	\$
	June	\$	\$
	July	\$	\$
	August	\$	\$
	September	\$	\$
	October	\$	\$
	November	\$	\$
	December	\$	\$
Late Fees	\$ ___ x ___ (# of months or weeks)	\$	\$
One Month forward		\$	\$
		Grand total =\$	\$

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Authorized Representative of Landlord/Management Company:

Name: _____ Title: _____

Phone: _____ Email: _____

Signature: _____ Date: ___ / ___ / ___

Program Administrator Agency: _____ Caseworker Name: _____

Caseworker Name: _____ Date: ___ / ___ / ___



Release of Information

I, _____, understand that by signing this form, I am giving the staff of _____ and the City of Mobile to release information to and/or obtain information from the agency specified regarding my need for assistance through the American Rescue Plan grant(s). I understand that all, some or specific information will be released upon completion. I understand that any information released and/or obtained will only be used to assist in the development and implementation of my case plan. The information obtained will also be used to verify that I have not received duplicative services. If I choose to not have my information released, I understand that I will then become ineligible for assistance.

X

Client Signature and Date

X

Case Manager Signature and Date

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ARP PROGRAM

Application Checklist

Client's Name: _____

Agency: _____

	Household Documentation (Check to verify that you have included these documents)
	Current Picture Identification
	Social Security Card(s) All household members
	Income Verification for previous month
	Rental Assistance (Check to verify that you have included these documents)
	City of Mobile ARP Rental Assistance Application
	Lease Agreement (Valid, Current, Full agreement)
	Landlord/Property Manager Name _____
	Landlord/Property Manager Phone Number _____
	Landlord/Property Manager Email _____
	Eviction Notice* (If applicable)
	Utility Assistance (Check to verify that you have included these documents)
	City of Mobile ARP Utility Assistance Application
	Rent Share Agreement* (If applicable) (Utility check/rent voucher)
	Current Alabama Power Bill*(If applicable)
	Current Spire Bill*(If applicable)
	Current MAWSS Bill* (If applicable)
	Disconnect Notice* (If applicable)